

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT		2 TIME		3 ADDRESS OF OCCURRENCE				4 LOCATION CODE		5 REPORT DATE		
	08-JUN-2016		23:20:00		1000 W 63RD ST CHICAGO, IL 60636				082		0714		
SUBJECT INFORMATION	6 POSITION		7. LAST NAME		8. FIRST NAME		9. OIFNO		10. GENDER		11. RACE CODE		
	9181		COLEMAN		SHANE M		15359		<input checked="" type="checkbox"/> M <input type="checkbox"/> F		WHI		12. HT. 13. WT
REASON FOR USE OF FORCE (Check all that apply)	14. DATE OF APPL.		15. EMPLOYER NO.		16. UNIT & MEAT OF ASSIGNMENT		17. DUTY STATION		18. MEMBER INJURY(D)		19. MEMBER INJURY(D)		
	01-MAY-2013				007 0741R		<input checked="" type="checkbox"/> A1 On <input type="checkbox"/> A2 Off <input type="checkbox"/> A3 Ym <input checked="" type="checkbox"/> A4 No		<input checked="" type="checkbox"/> B1 Ym <input type="checkbox"/> B2 No		<input checked="" type="checkbox"/> C1 Ym <input type="checkbox"/> C2 No		
WEAPON DISCHARGE INCIDENT	20. ADDRESS 1612 S 60TH CT CICERO, IL		21. PHONE NO.		22. WAB SUBJECT ARMED THREAT/DISABLED				23. SUBJECT INJURY(Y/N)		24. SUBJECT ALLEGED INJURY?		
					<input type="checkbox"/> D1 Ym <input checked="" type="checkbox"/> D2 No				<input type="checkbox"/> E1 Ym <input checked="" type="checkbox"/> E2 No		<input checked="" type="checkbox"/> F1 Ym <input type="checkbox"/> F2 No		
CASE INFO.	25. WHERE WAS MEDICAL TREATMENT OBTAINED?		26. BY WHOM?		27. CONDITION		28. CHARGE PLACED		29. CR NO.		30. CR NO.		
	HOLY CROSS HOSPITAL				<input checked="" type="checkbox"/> G1 Hospitalized <input type="checkbox"/> G2 NonHospitalized						31. CR NO.		
***** PLEASE SEE NEXT PAGE *****													
SIGNATURES	32. SUBJECT'S PAINKINISTER		33. ACTIVE DEFENDER		34. ASSAULTANT/ASSAULT		35. ASSAULTANT/BATTERER		36. ASSAULTANT/DEADLY FORCE		37. DNA		
	DID NOT FOLLOW VENITAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USED FORCE LIKELY TO CAUSE DEATH OR GREAT HARM <input type="checkbox"/>		WEAPON <input type="checkbox"/>		
MEMBER'S RESPONSE	38. STUPPENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>		WEAPON <input type="checkbox"/>		GUN/KNIFE <input type="checkbox"/>		
	39. OTHER _____		OTHER _____		OTHER _____		OTHER GRABBED A ARM TO DEFEND <input type="checkbox"/>		OTHER _____		OTHER _____		
WEAPON DISCHARGE INCIDENT	40. OC/Chemical Weapon Authorized by (Name)				41. ADDITIONAL INFORMATION								
					42. POSITION								
43. WEAPON TYPE		44. INCIDENT OCCURRED		45. LIGHTING CONDITIONS		46. WEATHER CONDITIONS		47. CALIBER/GAUGE					
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 TASER (Probe Discharge) <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Concave Gun) <input type="checkbox"/> 07 OTHER		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		CLEAR							
48. TASER DART ID NO.		49. WEAPON SERIAL NO. (Include Letters)		50. CHICAGO GUN REG. NO.		51. FIREARM OWNER ID NO.		52. HANDGUN CERTIFICATE NO.					
53. SPECIAL WEAPON CERTIFICATE NO.		54. PROPERTY INVENTORY NO.		55. TYPE OF AMMUNITION USED		56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		57. TOTAL NO. OF SHOTS MEMBER FIRED					
58. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		59. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		60. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		61. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		62. DID MEMBER DRAW HIS/HER WEAPON <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO					
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 OTHER (Specify) <input type="checkbox"/> 02 DRAWN SIDE DRAW <input type="checkbox"/> 03 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0-4 FT. <input type="checkbox"/> 02 4-10 FT. <input type="checkbox"/> 03 10-15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT		66. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)							
67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)									
70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR.		71. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC		72. CPIC		73. DET. DIV.		74. REVIEWING SUPERVISOR (Print Name)					
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		75. REPORTING MEMBER (Print Name)		76. STAR/EMPLOYEE NO.		77. SIGNATURE		78. DATE REVIEWED TIME					
COLEMAN, SHANE M 07-JUN-2016 04:51:28		15359		PCDANOB				07-JUN-2016 04:57:20					
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.													
79. REVIEWING SUPERVISOR (Print Name)		80. STAR NO.		81. SIGNATURE		82. DATE REVIEWED		83. TIME					
POULOS, JOHN D		814						07-JUN-2016 04:57:20					

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LIEUTENANT OR ABOVE/OCIC REVIEW

THE INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE DEPARTMENT SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3) ALL INCIDENTS INVOLVING THE DISCHARGE OR IMPACT OF A WEAPON BY A DEPARTMENT MEMBER; 4) ANY USE OF FORCE BY A DEPARTMENT MEMBER WITH THAT USE OF FORCE BEING FROM THE SAME INCIDENT DESCRIBED IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATOR SUPERVISES THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

78 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DHA

REBUDED

INTERVIEW NOT CONDUCTED (Specify Reason)

79 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts as presented this R/I believe that the officer followed all department policies, procedures, and the use of force according to the law.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. _____ OBTAINED

78 LIEUTENANT OR ABOVE/OCIC (Print Name)
WIBERG, WAYNE A

SIGNATURE

DATE COMPLETED TIME
08-JUN-2016 01:58:20

79 TOTAL TTY FOR THIS EVENT No.